

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000052093

Entity Name: LESLY'S LEISURE LIVING, INC.

FILED  
Jul 21, 2009  
Secretary of State

## Current Principal Place of Business:

5841 N.W. 56TH PLACE  
TAMARAC, FL 33319

## New Principal Place of Business:

## Current Mailing Address:

5841 N.W. 56TH PLACE  
TAMARAC, FL 33319

## New Mailing Address:

FEI Number: 20-2704938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THELOT, ANNE MARIE  
7377 N.W. 49TH STREET  
LAUDERHILL, FL 33319 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THELOT, ANNE MARIE  
Address: 7377 N.W. 49TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: THELOT, MARC R  
Address: 7377 N.W. 49TH STREET  
City-St-Zip: LAUDERHILL, FL 33319

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SYLVESTER, ANNE ROSEMONDE  
Address: 9511 NW 11 STREET  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Change (X) Addition  
Name: TUCKER, CARLEEN A  
Address: 62 GARFIELD AVE  
City-St-Zip: HYDE PARK, MA 02136

Title: D ( ) Change (X) Addition  
Name: DESLOUCHES, LOUIS J  
Address: 4561 NW 67 TERR  
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MARIE THELOT

PD

07/21/2009

Electronic Signature of Signing Officer or Director

Date